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| 04/16/2019 10:33 843626-4852 | FEDEX OFFICE | 1575 PAGE 01 | [|
| STATE OF SOUTH CAROLINA |) | | |
| | | BEFORE THE | [|
| (Caption of Case) | PUBLI | C SERVICE COMMISSION | _ |
| Example: Application for a Class C C arter Certificate from |) (a) | F SOUTH CAROLINA | |
| John Doe dba Doe's Limo | í | | ٦ |
| | TRANSP | PORTATION COVER SHEET | 2 |
| Speedy taxicab. Com, LLC | | | 2 |
| Speedy | DOCKET | 2019 IUN T | Ç |
| | NUMBER: | 2019 - 140 -7 | |
| |) | | Ğ |
| | | me filing an application with the PSC, you will no | |
| | | er. The Commission will assign one to you. If yo commission before, a Docket Number was assigned | |
| | and should be entered | | ~~ (d ~ |
| (Please type or print) | | | 2 |
| Submitted by: Jam <5 Kostarclos | Telephone: | <u>843-241-8183</u> | - <u>P</u> |
| Address: 400 Ladykiik Ln | _ Fax: | NA | . – |
| Myrtle Beach Sc 29579 | Other: | N/A | ن <u>ک</u> _ |
| , | Email:2 | esdyracing 11 @ Pahoo. | = امردع: |
| NOTE: The cover sheet and informat on containe herein neither replace | | | |
| as required by law. This form is required for use by the Public Service | Commission of Sout 1 (| Carolina for the purpose of docketing and mu | st_{C} |
| be filled out completely. | | | <u>-</u> 子 |
| NATURE OF ACTION | (Check all that app | alv) | |
| | | | |
| Application - Class A/A Restricted | | quest for Name Change on Certificate | |
| Application - Class A/A Restricted Application - Class C Taxi | ☐ F.ed | <u> </u> | - 1-0+1-8-14U-1 |
| | ☐ F.ed | quest for Name Change on Certificate | _ |
| Application - Class C Taxi Application - Class C Charter Application - Class C Charter Bus ECEIVE | ☐ F.ed ☐ F.ed | quest for Name Change on Certificate | age |
| Application - Class C Taxi Application - Class C Charter Application - Class C Charter Bus RECEIVE Application - Class C Non-Er tergency APR 2 5 2019 | ☐ F.ed ☐ F.ed ☐ F.ed ☐ F.ed | quest for Name Change on Certificate quest to Amend Scope of Authority quest to Amend Tariff (rate increase, etc.) quest to Amend Passenger Limit quest | aye i oi |
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ACCEPTED FOR PROCESSING - 2019 April 26 7:49 AM - SCPSC - 2019-140-T - Page 2 of 10

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843--626-4852

FEDEX OFFICE

*UBLIC SERVICE COMMISSION OF SOUTH CAROLINA 101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210

Phone: (803) 896-5100

Fax: (803) 396-5199

1575

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

| | Date: 4-16-19 |
|----------|---|
| C | LASS C - TAXI |
| A; of | pplication is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision S.C. Code Ann., § 58-23-1), et seq. (1976), and amendments thereto. |
| 1. | Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name |
| | 400 hady Kirk Ln, l'yttle Beach Se 1:9579 Street Address of Applicant |
| | Mailing Address of Applicant (if different from street address) |
| | 843-241-3183 1/1/4 Fax |
| | Specayracing 11 E Yahoo, com Email Address |
| 2. | If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.) |
| 3. | Select Entity Type: (Checl; one) Individual Owner/Sol: Propriete rship |
| | Partnership - List naries and addresses of all person having an interest in the business. |
| | Corporation - List nat les and addresses of two principal officers. N/A N/A W/A |
| | |
| | |

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| 04/45/0010 | | | 040 (| -nc. | 401 |

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FEDEX OFFICE 1575

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

Applicant's assets and liabil ties are as follows:

| Assets: | | <u>Liabilities:</u> | |
|---------------------------|--------|------------------------------|---|
| Value of Real Estate | | Mortgage/Loan on Real Estate | |
| Value of Motor Vehicles | 1,000 | Loans Owed on Motor Vehicles | |
| Cash on Hand | 3,600 | Business/Other Loans Owed | |
| Cash in Bank | | Other Liabilities or Debts | |
| Value of Other Assets and | | Total Liabilities | 0 |
| Equipment | 2,000 | | |
| Total Assets | 11 600 | | |

INSTRUCTIONS:

- 1. "Value of Real Estate" neans the retual or estimated market value of any real property/buildings owned by the Company/Business A₁ plying for a Certificate.
- 2. "Mortgage/Loan on Re d Estate" in cans the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate lists d in Item 1
- 3. "Value of Motor Vehic es" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
- 4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
- 5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
- 6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
- 7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
- 8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
- 9. "Other Liabilities or De bts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to their persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

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843--626-4852

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Char zes:

Myrtle Beach Taxi rate
Drop 3.50
Per Mile 2.80
extra Person 1.00

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

| Abbeville | Cherokee | Florence | Lac | Saluda |
|------------|--------------|------------|------------|--------------|
| Aiken | Chester | Georgetown | L =xington | Spartanburg |
| Allendale | Chesterfield | Greenville | N arion | Sumter |
| Anderson | Clarendon | Greenwood | Narlboro | Union |
| Bamberg | Colleton | Hampton | McCormick | Williamsburg |
| Barnwell | Darlington | Horry | Newberry | York |
| Beaufort | Dillon | Jasper | Oconee | |
| Berkeley | Dorchester | Kershaw | Orangeburg | Statewide |
| Calhoun | ☐ 3dgefield | Lancaster | P ckens | • |
| Charleston | ☐ ?sirfield | Laurens | R chiand | |

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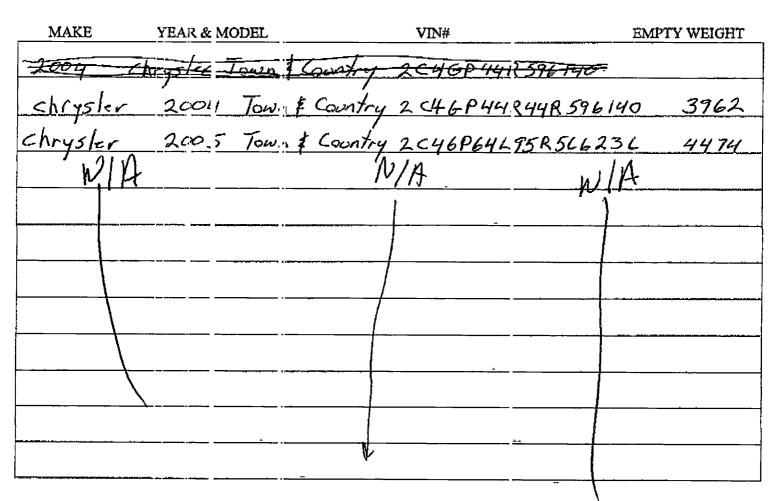
PAGE 05

DESCRIPTION OF EQUIPMENT

You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passen ters Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seathelts in the vehicle, including the driver's seathelt.)

| X | 1-7 Passengers, inclu ling driver |
|---|-----------------------------------|
| | 8-15 Passengers, including driver |



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INSURANCE QUOTE

| INSURANCE QUOTE | ĭ |
|---|-------------------------------|
| This form MUST BE COMPLETED. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE. | ₹₩ |
| The following insurance quota is for: | ESS |
| Spredytinxicab, com LLC. Name of Applicant | - 1 |
| | 2019 |
| 400 hadyleis k Lr. Myrtle Beach Sc., 29579 Address of Applicant | Αp |
| Amount of Premium: Limits Quoted: (Sec Below) | ril 26 |
| Liability Insurance \$ $\frac{25,000}{50,000}$ Limits $\frac{25,000}{50,000}$ | 2019 April 26 7:49 AM - SCPSC |
| The above quoted premium is for a term of months. | M - S(|
| Minimum Limits - Intrastat : Only: | CPS |
| 1-7 Passengers* \$ 25,000/50,000/25,000 * Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt 8-15 Passengers* \$ 25,000/100,000/25,000 | - 1 |
| Name of Insurance Company | 140-T - |
| Pa Box 2010 Floranc, Sc 29504' Nome Office Address of Company | 2019-140-T - Page 6 of 10 |
| I, the Applicant, am familiar v ith the Commission's Rules and Regulations r slating to insurance requirements and | |

I, the Applicant, am familiar v ith the Commission's Rules and Regulations r lating to insurance requirements and the above quote meets the mir imum insurance limits prescribed. The insurance company making this quote is authorized by the South Carol na Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure you motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. I've more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual asse sment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 7:37-5712 or on the web at www.wcc.state.sc.us/self-insurance.

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Exhibit Fit, Willing, and Able (FWA)

| Specif | Haxicab.com LLC | |
|--------|-------------------|--|
| 7 | Name of Applicant | |

- 1. Are there currently any our standing judgments against the Applicant?
 - O Yes

D No

If Yes, list judgements here:

NA

2. Is Applicant familiar with all statutes and regulations, including safety tegulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

Yes

OM C

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated they with?

Yes

ON C

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Exhibit on Driver Qualifications

| 1. | Applicant understands that a | 1 drivers roust be a minimum of 18 years of age. No |
|----|--|---|
| 2. | | certified copy of the driver's three (3) year driving record issued by the SC DMV IV of the state in which the driver is or has been domiciled for such period must nt's business office. |
| | Yes | ○ No |
| 3. | Applicant understands that a must be maintained in the A | criminal I istory background check from the state where the driver currently lives oplicant's business office. No |
| 4. | | Il drivers operating a vehicle under a Class C Taxi Certificate must have in ing a charter vehicle, a valid driver's license is sued by the SC DMV or the current er. No |
| | | |

5. Applicant understands that all Class C Taxi Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Div sion or any national registry of sex offenders.

⊘ Yes

) No

1575

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA 101 EXECUTIVE CENTER DRIVE, SUITE 100 COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, ct seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.3: -400 through R.38-503 of the Department of l'ublic Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable pox:

- The Applicant AGRUES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission'; eService S'estem. The Applicant authorizes the Commission to serve its orders by using the email address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc. gov to create a My DMS account.
- The Applicant DOES NCT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Cor mission's exervice System.

The Applicant for the Certif cate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Title of Applicar t (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLIN 4

COUNTY OF

Notary Public

Commission Expires

ANTHONY HOLD/WAY

Notary Public - State of South Carolina My Commission Expires July 12, 2028

Print Application

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby Certify that:

Speedytaxicab.ccm, LLC., a limited liability company duly organized under the laws of the State of South Carolina on April 15th, 2019, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the State, that the Se tretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to S.C. Code Ann. §33-44-809, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great Seal of the State of South Gardina this 15th day of April, 2019.

Mark Hammond, Secretary of State